

Understanding the Attitudes of Nurses toward the Nursing Process: A Cross-Sectional Study

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ABSTRACT

The nursing process is a framework for solving problems using scientific reasoning and critical thinking. Nursing is a dynamic profession that enables nursing staff to plan individually for client care. It has a unique perspective on health, the environment, and people. This process requires nurses to keep clear records of their patients and be accountable for the care they prescribe.

The aim of this study is to assess nurses' attitudes toward the nursing process and to explore the relationships between these attitudes and their socio-demographic characteristics. A cross-sectional design was used. A non-probability (purposive) sample of 262 nurses was selected. The study was conducted in Al-Najaf City across five teaching hospitals: Al-Sadder Hospital, Al-Najaf Hospital, Al-Zahraa Hospital, Al-Hakim Hospital, and Al-Furat Al-Awsat Hospital.

The study found that 77.9% of the sample had a positive attitude toward the nursing process in Al-Najaf City. More than three-quarters of the sample had a positive attitude. There were significant differences between nurses' attitudes and their educational qualifications and training. However, there were no significant differences between nurses' attitudes and their age, experience, sex, or place of work inside the hospital. Instruction, training, and highlighting the advantages of the nursing process, such as improved patient outcomes, can enhance its acceptance.

Keywords: Attitudes, Nurses, Nursing Process, Training, Patient Outcomes

INTRODUCTION

The nursing process is a framework for solving problems using scientific reasoning and critical thinking. Nursing is a dynamic profession that enables nursing staff to plan individually for client care. It has a unique perspective on health, the environment, and people. This process requires nurses to keep clear records of their patients and be accountable for the care they prescribe (AL-Fattah, 2019; Shiferaw et al., 2020; Shewangizaw & Mersha, 2015; Zeleke et al., 2021; Baraki et al., 2017; Hagos et al., 2014; Lekenit et al., 2020).

It is considered the core component of the nursing education curriculum and the basis of clinical practice. In addition, it is regarded as a reference point in providing nursing care. It can be applied anywhere in the hospital and can be said to be fundamental to all nursing procedures in many parts of the world to improve the quality of healthcare service (Baraki et al., 2017; Siemuri et al., 2014; Shiferaw et al., 2020; González-Alcantud, 2022).

A series of steps in the nursing process constitute a dynamic and organized approach, namely the search for information; Problem identification, planning; Implementing appropriate procedures for the patient, and evaluating the effect. These five stages are considered the basis of nursing activities. They are interconnected steps that gradually form a continuous circle centered on the problems the patient suffers from and centered on achieving the goal of providing care rationally and systematically. In addition, they work to enhance communication between shifts and departments through the exchange of information and knowledge (Lekenit et al., 2020; Hagos et al., 2014; Baraki et al., 2017; Mbithi et al., 2018; Baraki et al., 2017; Shiferaw et al., 2020; Toney-Butler & Thayer, 2020; Hagos et al., 2014; Semachew, 2018; Owusu-Ansah & Agyeman-Yeboah, 2022; Opare et al., 2017; González-Alcantud, 2022).

Studies have proven that it has been the standard for measuring the quality of nursing care for many years (Tony Butler and Thayer, 2020; Owusu-Ansah & Agyeman-Yeboah, 2022). The purpose of increasing the quality of nursing care is to improve the patient's condition, return him to society more quickly, and prevent his or her admission to the hospital again. Moreover, when a nurse can use these methods practically, he or she can be effective and professional. This process enables nurses to feel independent in their informed decisions based on scientific evidence and that they can take responsibility for patient care. They can evaluate the quality of nursing care, as the essence of this process lies in the benefits that its results accrue to the nurse and the patient (Laybidi, 2020; Kamau et al., 2016; Zeleke et al., 2021; Shiferaw et al., 2020; Hagos et al., 2014). All aspects of the patient's needs be they emotional, physical, spiritual, social, or cultural must be covered by the nursing care plan (AL-Fattah, 2019).

This method promotes well-being by identifying, preventing, and treating current or potential health issues (Shiferaw et al., 2020; Isika, 2018; Mahmoud & Bayoumy, 2014; Varcariolis, 2016; Stonehouse, 2017; Thuvaraka et al., 2018; Gazari et al., 2021; Mbithi et al., 2018).

Attitudes have a very important influence and role in the implementation of the nursing process and thus provide high-quality nursing care. The nurses' attitude towards the nursing process can either facilitate or hinder its implementation. Nurses who have a positive attitude about the subject will be more likely to engage in its implementation, while others who have a negative attitude towards it will have significant barriers to its implementation and see it as unnecessary and burdensome to work (Shazia et al., 2018).

II. Methodology:

Design: Cross-sectional design is used, as this type facilitates the collection of data from a large-scale population in a study (Oronje & Munyasa, 2018). In this study, a sample of nurses was collected in five different hospital departments.

Ethical consideration: A consent form for participation in scientific research was given to the researcher. Participants in the study are informed by the researcher that any information collected from them will be kept completely confidential and utilized exclusively for scientific research, without revealing their identity. Following that, the research participants' signatures are acquired as consent to utilize the data in the study.

Setting: The study was conducted in Al-Najaf City in five teaching hospitals (Al-Sadder Hospital, Al-Najaf Hospital, Al-Zahraa Hospital, Al-Hakim Hospital, and Al-Furat Al-Awsat Hospital).

Sample of the study: To calculate the appropriate sample size for the study, the test was conducted on a free online sample size calculator (<https://www.surveymonkey.com/mp/sample-size-calculator/>) with a population size of 883 University Nurses from five teaching hospitals in AL-Najaf city (206 from Al-Hakim Hospital, Al-Sadder Hospital (231), Al-Furat Al-Awsat Hospital (122), Al-Zahraa Hospital (120), and 204 from Al-Najaf Hospital), and with a confidence level of 95 % and 0.05 margin of error and the assumed sample result of the study was 268. A non-probability (purposive) sample includes 262 nurses, where 4 nurses refused to participate in the study and 2 of them did not complete the questionnaire, where the response rate was 97.76%.

Validity: The researcher distributed the tool to a group of experts to verify the validity of the tool using face and content validity methods. Among them were (4) faculty members from the University of Babylon, (2) faculty members from the University of Kufa, (2) faculty members from the University of Al-Bayan, (3) faculty members from the University of Mosul, (3) faculty members from the University of Basra, (2) faculty members from the University of Baghdad, (1) faculty members from the University of Al-Ameed, and (1) faculty members from the Higher Institute of Health. The researcher made some minor modifications, such as slight rewriting of texts on demographic characteristics, reducing the number of qualitative research questions and rephrasing some of them. The changes were made in accordance with the experts' recommendations.

Reliability: A pilot study is a small-scale study that helps to identify unexpected problems that can harm the quality of the study. If these problems are detected, the necessary steps can be taken before the actual start of the study (Viechtbauer et al., 2015). Through this mini-study, the researcher was able to find out if the questions were unclear and the necessary time was adjusted very slightly. As for the size of the supposed pilot sample, the researcher has set the criteria for inclusion in the study, some participants may not meet these criteria and will be excluded from the study, there is a probability of at least 1 in 10 participants, so in view of this, the equation was applied to determine the appropriate size of the sample through the online calculator (<http://www.pilotsamplesize.com>) and 29 participants were included to be in the mini-sample so that the researcher would be confident by 95%. The data were collected from September 8th to 11th, 2024. The literature differed in their proposals on the appropriate sample size for the pilot study, most agree that it should be 10 % of the expected sample (Connelly, 2008).

Cronbach's Alpha	N of Items
.723	20

Using cronbach's Alpha, a statistic commonly used to prove that the instrument used in a research project is suitable for the purpose for which it was designed to be measured, is considered as an indicator of the quality of the instrument. And that reliability of 0.70 or higher is considered acceptable (Taber, 2018).

Data analysis for the quantitative approach

In the quantitative research section, the data were analyzed using the SPSS software version (25), where each option on the questionnaire is assigned a number. For example, "Yes" is coded as (1), "No" as (2), and so on. These numbers are then processed in the statistical software to derive the results.

Descriptive Data Analysis:

- **Frequency:** It describes how frequently a particular value or category appears in a dataset.
- **Percent:** It is employed to characterize the proportional occurrence of a specific value or category in a dataset.

Inferential Data Analysis:

- The **Kolmogorov-Smirnov (K-S)** and **Shapiro-Wilk** tests are used to determine whether the data follow a normal distribution.
- **Mann-Whitney U Test:** Is a non-parametric test that determines whether two independent groups differ significantly. When the normality is not fulfilled, it is frequently employed.
- **Kruskal-Wallis Test:** A non-parametric test that compares the distributions of three or more independent groups to see if there is a statistically significant difference.

III. Results:**Normality test:**

Assessing the normal distribution of data is extremely important before conducting any statistical test to find out whether the researcher using parametric or non-parametric tests to find out the significant differences. The common tests to find out the normal distribution are (Shapiro-Wilk and Kolmogorov-Smirnov tests).

Table (1) Tests of Normality

Overall Attitude	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
	.481	.000	.512	.000

The normal distribution was examined, null hypothesis of which states that the data follow the normal distribution and since in this table the p-value is less than 0.05, thus rejecting the null hypothesis, it becomes clear that the data do not follow the normal distribution and therefore the researcher should choose non-parametric tests for this research.

Table (2) Demographic Characteristics for Nurses.

Items	Divisions	Frequency	Percent
Age/years	23-26	93	35.5
	27-30	83	31.7
	31-34	49	18.7
	35 and more	37	14.1
	Total	262	100.0
	Mean for age (29.21)		
Sex	Male	116	44.3
	Female	146	55.7
	Total	262	100.0
Educational Qualification	Baccalaureate degree in nursing	241	92.0
	Master's degree in nursing	16	6.1
	Doctorate's degree in nursing	5	1.9
Years of Experience	1-3	93	35.5
	4-7	68	26.0
	8-11	66	25.2
	12 and more	35	13.4
	Yes	18	6.9

Have you participated in Training Courses related to the nursing process?	No	244	93.1
The place of work inside the hospital	Gynecology ward	21	8.0
	ICU	42	16.0
	Emergency	69	26.3
	RCU	17	6.5
	Pediatric ward	25	9.5
	Surgical ward	25	9.5
	Medical ward	27	10.3
	CCU	36	13.7

Table (2) illustrates the statistical distribution of the study sample according to their demographic data, this table explains that majority of the study sample was (23-26) years old. In addition, the table shows that a high percentage (55.7%) was female. Concerning educational qualification, the table demonstrates that majority of nurses (92%) were Baccalaureate Degree in Nursing.

Besides, the table shows years of experience that there (35.5%) for the (1-3 years). About the training, the table displays that there (93.1%) were not trained about nursing process. As for the place of work inside the hospital the table shows (26.3%) for the emergency.

Table (3) Assessment of Nurses' Attitudes toward Nursing Process

Section	Divisions	Frequency	Percent
Nurses' Attitudes	Positive	204	77.9
	Negative	58	22.1
	Total		
	Mean 67.33		
	Less than 60 means a Negative attitude		
	More than 60 means a Positive attitude		

Table (3) according to the result, the table above demonstrates that the study sample (77.9%) of them were had a positive attitude.

Table (4) Mean Difference (independent sample) nonparametric Mann-Whitney U Test regarding overall attitude with sex:

Null Hypothesis	Test	Sig.	Decision
The distribution of overall attitude is the same across categories of sex	Independent samples Mann-Whitney U Test	.616	Retain the null hypothesis

This table shows null hypothesis is retained and there is no difference between male and female concerning the overall attitude.

Table (5) Mean Difference Independent samples nonparametric Mann-Whitney U Test regarding overall attitude with training:

Null Hypothesis		Mean Rank	Sig.	Decision
The distribution of overall attitude is the same across categories have you participated in training courses related to the nursing process?	Yes	160.50	.019	Reject the null hypothesis
	No	129.36		

This table displays the overall mean for attitude is not the same between nurses who are trained and those who are not, thus the null hypothesis is rejected for a p-value (0.019) less than 0.05. Where the trained participants have a higher mean rank than those who are not trained.

Table (6) Mean Difference (several independent samples) nonparametric Kruskal-Wallis regarding overall attitude with educational qualification:

Overall Attitude	Educational Qualification	Mean Rank	Kruskal-Wallis	Sig.
	Baccalaureate degree in nursing	128.97	6.466	0.039
	Master's degree in nursing	160.50		
	Doctorate's degree in nursing	160.50		

This table shows that there are significant differences between the nurses' attitudes and educational qualifications as the p-value (0.039) is less than 0.05. Where the post-graduate is the highest mean rank.

Table (7) Mean Difference (several independent samples) regarding overall attitude with age group:

Overall attitude	Age group	Mean Rank	Kruskal-Wallis	Sig.
	(23-26)	126.69	3.624	.305
	(27-30)	130.51		
	(31-34)	144.46		
	(35 and more)	128.64		

This table indicates that there are no significant differences between the attitudes of nurses and the age group, as the p-value (0.305) is more than 0.05.

Table (8) Mean Difference (several independent samples) concerning overall attitude with years of experience:

Overall attitude	Years of experience	Mean Rank	Kruskal-Wallis	Sig.
	1-3	128.10	2.154	.541
	4-7	135.46		
	8-11	136.68		
	12 and more	123.07		

This table indicates that there are no significant differences between the attitudes of nurses and years of experience, as the p-value (.541) is more than 0.05.

Table (9) Mean Difference (several independent samples) about overall attitude with the place of work inside the hospital:

Overall attitude	place of work inside the hospital	Mean Rank	Kruskal-Wallis	Sig.
	Gynecology ward	129.31	6.448	.488
	ICU	138.67		
	Emergency	135.82		
	RCU	145.09		
	Pediatric ward	123.82		
	Surgical ward	134.30		
	Medical ward	111.98		
	CCU	127.75		

This table indicates that there are no significant differences between the attitudes of nurses and the place of work inside the hospital, as the p-value (.488) is more than 0.05.

IV. Discussion:

Part I: Discussion of Socio-Demographic Data of the Nurses:

Table (2) shows that one-third of the sample is aged (23-26) years old with mean (29.21). This study is similar to other previous studies, AL-Fattah (2019) where the sample was (40.5%) of them were up to 27 years old. Opare et al. (2017) reported that Less than two-thirds of the nurses were aged (20 –30) years. Also, Owusu-Ansah & Agyeman (2022) noted that most participants were aged (26 -30) years. Mbithi (2015) indicated that half of the sample was aged (21-30) years. Additionally, Baraki et al. (2017) found that nearly half of the sample was aged 30 years or younger.

Zelege et al. (2021) stated that two-thirds of the sample aged from (20-29) years. Aseratie et al. (2014) reported that less than half of the sample aged below 24 years. Mahmoud & Bayoumy (2014) stated that the majority of the sample is aged from (21-30) years. According to Miskir & Emishaw (2018), more than half of the participants were under (29) years of age. Furthermore, Adeyemo & Olaogun (2013) indicates that (46.3%) of the respondents aged from (20-35) years.

Moghadas & Kesbakhi (2020) noted that nearly more than half of the sample aged more than (22) years. Also, Less than half of the respondents age category below (30) years as reported by Maitanmi et al. (2022). Another study by Abebe & Ayana (2014) asserted that more than half of them below (29) years of age. And another study conducted by Adrarro & Mengistu (2020), which showed that less than half of the sample are from the age group (25-29) years.

Moreover, another study by Yilak et al. (2022) showed that the average age of the sample is 26 years. Hussein (2020) pointed out that the age group of the sample is more than three-quarters range from (21-30) years. Wube et al. (2019) stated that the average age of the sample is (28.5) for ages ranging from (25 to 44 years). More than half of the respondents aged (21-30) years in accordance with Yasmeen et al. (2024). Besides, Adrarro & Cherkos (2022) mentioned that less than half of the sample is within the age group (25-29). As well as, Tosun et al. (2022) reported that the mean age of the respondents is (26.86). Mbithi et al. (2018) announced that half of the respondents aged under (30) years. Besides, Less than two-thirds of the sample aged under (25) years as demonstrated by Niaz & Bhatti (2018). Perhaps it is caused by this category being more willing to participate in the study.

Other studies almost contradict this result from the most frequent age group in the sample, including a study conducted by Hagos et al. (2014) showed that One-quarter of the respondents aged (35–39) years. Lekenit et al. (2020) noted that Less than half of them aged from (31 – 40) years. Likewise, majority of the sample aged (45 - 54) as claimed by Julie et al. (2017). More than two-thirds of the respondents aged up to (44) years as stated by Shewangizaw & Mersha (2015). Additionally, nearly two-fifths of the sample between the age category (41-50) years as mentioned by Afoi et al. (2012). Likewise, another study by Afolayan et al. (2013) stated that about two-fifths of the sample is their age above (40) years. Also, the study conducted by Abdelkader & Othman (2017) found that about two-fifths of the sample were age between (35-39) years. Along with this, another study showed that about One third of the sample is aged between (40-49) years, as said by Pitsillidou et al. (2021). About one third of the sample age range from (31-40) years in consonance with Folami & Olugbade (2019). In addition to Oronje & Munyasa (2018) pointed out that One quarter of the respondents had the age range from (41-45) years. Another study conducted by Mayouf et al. (2019), also stated that the average age of the participants was (44) years. Likewise, another study reported by Guedes et al. (2012) that the average age was (44.12) years. Approximately two-fifth of the respondents between the age (41-50) years as maintained by Anyasor & Oluwatoyin (2017). Finally, a study showed that the average age of the sample was (42) years as stated by Patiraki et al. (2017).

Concerning the sex, the study found that more than half of the sample are female. This study is consistent with other previous studies, which stated that the majority of the sample was female (Goh et al., 2021; Yilmaz et al., 2015; Owusu-Ansah & Agyeman-Yeboah, 2022; Mbithi, 2015; Hagos et al., 2014; Baraki et al., 2017; Opare et al., 2017; Lekenit et al., 2020; Shewangizaw & Mersha, 2015; Afolayan et al., 2013; Abdelkader & Othman, 2017; Obonyo et al., 2019; Pitsillidou et al., 2021; Adeyemo & Olaogun, 2013; Folami et al., 2019; Moghadas & Kesbakhi, 2020; Hussein, 2020; Wube et al., 2019; Yasmeen et al., 2024; Niaz & Bhatti, 2018; Oronje & Munyasa, 2018; Mayouf et al., 2019; Guedes et al., 2012; Anyasor & Oluwatoyin, 2017; Patiraki et al., 2017; Tosun et al., 2022; Abebe et al., 2014; Mbithi et al., 2018; Leoni-Scheiber et al., 2020; Parvan et al., 2020; Parvan et al., 2021; Julie et al., 2017).

Other studies contradict this result, stating that the percentage of males is more than females (Miskir & Emishaw, 2018; Maitanmi et al., 2022; Adrarro & Mengistu, 2020; Yilak et al., 2022; Semachew, 2018; Adrarro & Cherkos, 2022; Atnafe et al., 2017). Perhaps the reason is that the policy adopted by requesting the percentage of admission of girls to college is more than men, and therefore more girls are recruited.

Regarding the educational qualification, vast majority of them were Baccalaureate degrees in nursing. This study is consistent with other studies that found that nurses with a bachelor's degree were the highest percentage among other

educational qualifications (AL-Fattah, 2019; Baraki et al., 2017; Zeleke et al., 2021; Mahmoud & Bayoumy, 2014; Abdelkader & Othman, 2017; Afolayan et al., 2013; Pitsillidou et al., 2021; Folami et al., 2019; Yasmeen et al., 2024; Tosun et al., 2022). Furthermore, other studies contradict this, where the most sample had Diploma in nursing (Owusu-Ansah & Agyeman-Yeboah, 2022; Mbithi, 2015; Hagos et al., 2014; Mbithi et al., 2018; Opere et al., 2017; Lekenit et al., 2020; Miskir & Emishaw, 2018; Afoi et al., 2012; Obonyo et al., 2019; Adraro & Mengistu, 2020; Yilak et al., 2022; Hussein, 2020; Niaz et al., 2018). This study has set some criteria for selecting a sample, among which the lowest educational level is a graduate of the Faculty of Nursing to ensure that they have studied the nursing process within the curriculum and have four years of study to ensure that they are knowledgeable about it as possible.

Besides, the years of experience that One-third for the (1-3 years). This result is in agreement with other previous studies that stated that the highest percentage of the sample was for those with years of experience less than five years approximately (AL-Fattah, 2019; Hagos et al., 2014; Miskir & Emishaw, 2018; Adeyemo & Olaogun, 2013; Adraro & Mengistu, 2020; Wube et al., 2019; Adraro & Cherkos, 2021; Yilak et al., 2022; Atnafe et al., 2017; Hussein, 2020). While other studies have shown that the years of experience reach up to about ten years (Afoi et al., 2012; Folami et al., 2019; Maitanmi et al., 2022; Yasmeen et al., 2024; Anyasor & Oluwatoyin, 2017; Guedes et al., 2012; Mbithi et al., 2018). Also, other studies have shown that years of experience is more than about ten years (Leoni-Scheiber et al., 2020; Owusu-Ansah & Agyeman-Yeboah, 2022; Lekenit et al., 2020; Julie et al., 2017; Afolayan et al., 2013; Abdelkader & Othman, 2017; Shewangizaw & Mersha, 2015; Mayouf et al., 2019; Patiraki et al., 2017). Maybe it's because this group is more motivated and willing to participate in the study.

According to the training, the table displays that there vast majority were not trained about the nursing process. This study is identical to another study, which showed that the majority of nurses did not receive special training about the nursing process and that they received training at the college when they were students, and less than a quarter of them received training during the courses organized by the Ministry of Health (Mbithi et al., 2018). While another study showed that Less than two thirds of the sample have been trained about the nursing process in addition to their college education (Owusu-Ansah & Agyeman-Yeboah, 2022). Perhaps it may be caused by the fact that most of the courses are routine and may be one of the requirements for promotion at work.

For the workplace within the hospital, about a quarter of the sample was taken from the emergency unit. This result contradicts previous studies in which more nurses were taken from other places such as surgical and medical wards (AL-Fattah, 2019; Hussein, 2020; Hagos et al., 2014; Mahmoud & Bayoumy, 2014). In addition, another study showed that half of the sample was taken from intensive care unit as stated by Abdelkader & Othman (2017). Moreover, One-quarter of the nurses were taken from gynecology ward (Mbithi, 2015; Mbithi et al., 2018). Perhaps the reason for the distribution of more nurses in the emergency department as a result of immediate health care needs, which requires them to work more quickly and accurately, and therefore requires more nurses to deal with time pressure and health needs, which is why this study found most of the distribution of University nurses in the emergency and a small number of them in the other wards.

Part II: Discussion of Assessment of Nurses' Attitudes about Nursing Process.

Table (3) demonstrated that the study sample More than three-quarters of them were had positive attitude (Mean 67.33). Other previous studies support this finding and have shown that nurses have a positive attitude about the nursing process. Leoni-Scheiber et al. (2020) explained that nurses' attitude to the nursing process was the majority of them answered that it is of great importance and significance in providing health care to the patient, and a few of them replied that it is difficult, uncomfortable and not valuable. Moreover, another study conducted by Atnafe et al. (2017) showed that more than half of the sample had a good attitude about the nursing process. Similarly, Adraro & Cherkos (2021) showed that those who have a desire to apply the nursing process make up more than half of the sample and Less than two thirds like the goal of the nursing process, which is in its interest to provide the best health care, and few of them who answered that it is a precursor to problems in the health sector and constitute a percentage (12.3%). In addition to an experimental study that used the educational program and the extent of its impact on the attitudes of nurses, divided the sample of (100) nurses into two groups, one group underwent the program and the other did not as reported by Collins (2013) noted that there is a difference between them and that continuing education has influenced them and nurses have a more positive attitude. More than half of the nurses have a positive attitude that the nursing process is important in providing health care and setting goals, and the majority of them did not accept that it was just a waste of time or purely academic training as stated by Mangare (2016). Julie et al. (2017) noted that most of the respondents have a favorable attitude. The majority of respondents are willing to apply the nursing process and do not like to be kept away from it as mentioned by Folami et al. (2019). In line with this study also, Yasmeen et al. (2024) noted that majority of the sample have favourable attitude. In addition, other studies have reported that nurses have a positive attitude towards the implementation of the nursing process (Patiraki et al., 2017; Niaz & Bhatti, 2018; Hagos et al., 2014; Aseratie, et al., 2014). Perhaps one of the reasons for their positive attitude towards the implementation of the nursing process is to achieve professional independence and the fact that other factors hindering their implementation.

There are previous studies that obtained a result contrary to the current study, where Lekenit et al. (2020) stated that less than two-thirds of nurses did not agree that this process is useful for prioritizing the patient, in addition, more than two-thirds of them also did not accept that it could be applied to all patients. Also, another study showed that the nurses have a negative attitude and they explained that this process has nothing to do with the health reality and it is just a waste of time for nursing work, as pointed out by Rakuom et al. (2016). Additionally, Obonyo et al. (2019) pointed out that nurses have negative attitude. More than half of the sample have negative attitude as founded by Wube et al. (2019). A study by Wagoro & Rakuom (2015) showed that nurses have a negative attitude towards the nursing process and perceive it as taking a long time to implement. Also, the study by Mahmoud & Bayoumy (2014) stated that the majority of the respondents confirm that the negative attitudes of nurses have an impact on the implementation of the nursing process.

Part III: Discussion of Relationship between Nurses' Attitudes and Socio-Demographic Data:

Concerning the sex, the table (4) shows that there is no difference between male and female concerning the overall attitude. Previous studies that are on the same line as the current study have shown that there is no difference between men and women (Pérez Rivas et al., 2016; Lekenit et al., 2020). Other studies have found that women are more willing to carry out the nursing process and have a more positive attitude than men (Zamanzadeh et al., 2015; Guedes et al., 2012). Since there is no relationship between their attitude toward implementing the nursing process and their gender, this may be attributed to the fact that nursing is a profession based on competence and clinical skills, where all nurses receive the same standardized training and adhere to equal professional practice standards, making their attitudes not dependent on their gender.

Regarding training, the table (5) displays the overall mean for attitude is not the same between nurses who are trained and those who are not, where the trained participants have a higher attitude than those who are not trained. Previous studies have found similar results to the current study that more than two-thirds of the participants indicated that trained nurses are more willing to practice the nursing process (Adraro & Mengistu, 2020; Mbithi et al., 2018). Training may have an important role in changing their attitude and making them want to carry out this process. A study conducted by Lekenit et al. (2020) contradicted this result, showing that there is no relationship between training and the implementation of the nursing process.

As for educational qualification, the table (6) shows that there are significant differences between the nurses' attitudes and educational qualification. Where the post-graduate is the highest mean rank. There are other studies in line with this result and have also shown that the higher the educational level of a nurse, the more positive attitude and ability to carry out the nursing process (Baraki et al., 2017; Leoni-Scheiber et al., 2020; Tosun et al., 2022; Köse & Çelik, 2020; Adraro & Mengistu, 2020; Lotfi et al., 2020; Julie et al., 2017; Guedes et al., 2012; Tosun et al., 2022; Miskir & Emishaw, 2018). Other studies that contradict the result of the current study and showed that the educational level has no role in the implementation of the nursing process (Lekenit et al., 2020; Owusu-Ansah & Agyeman-Yeboah, 2022; Pérez Rivas et al., 2016; Mbithi et al., 2018). Perhaps the reason may be that nurses with higher educational levels are better able to understand the importance of NP and its vital role in healthcare, which enhances their respect and appreciation for this profession.

Besides, tables (7) and (8) indicate that there are no significant differences between the attitudes of nurses and the age group and years of experience respectively. This study comes in line with the results of previous studies, which stated that the years of experience of nurses and their age has nothing to do with the implementation of the nursing process (Owusu-Ansah & Agyeman-Yeboah, 2022). While other studies contradict the result of the current study, which showed that younger nurses with a few years of experience are more likely to carry out the nursing process (Lekenit et al., 2020; Pérez Rivas et al., 2016; Mbithi et al., 2018). Other studies have shown the opposite, that the older the nurses and their years of experience, the more likely to carry out the nursing process (Yilak et al., 2022; Olmaz & Karakurt, 2019; Andsoy et al., 2013; Obonyo et al., 2019). Perhaps the reason for the lack of correlation between their age, years of experience, and their attitude towards the implementation of the nursing process is due to the fact that nursing is a dynamic profession that requires all practitioners, regardless of their experience, to constantly update their knowledge and develop their skills, which reduces possible differences in attitudes towards the implementation of the nursing process between recent graduates and those with long experience.

According to table (9) indicates that there are no significant differences between the attitudes of nurses and place of work inside the hospital. This study is in agreement with two previous studies, which states that the workplace in the hospital has no effect on the implementation of the nursing process (Lekenit et al., 2020; Leoni-Scheiber et al., 2020). Another study contradicts this, as it showed that those who work in the surgical and medical wards of nurses are more willing to perform than those who work in oncology, according to Wube et al. (2019). Perhaps the reason for the lack of a connection between their workplace and their attitude toward implementing the nursing process is that all nurses receive the same academic training, ensuring they possess the necessary knowledge and skills equally. Additionally, this profession is based on unified principles and ethics, making their attitude toward implementing the nursing process independent of their

geographical location within the hospital.

V. Conclusions:

The study summarizes the following results based on the discussion and interpretation of the results:

1. The study demonstrated that more than three-quarters of the sample had a positive attitude.
2. The overall mean attitude differs between trained and untrained nurses, with trained participants having a more positive attitude than those who are not trained.
3. There are significant differences between nurses' attitudes and educational qualifications, with postgraduate nurses having the highest mean rank.
4. There are no significant differences between nurses' attitudes and their age, experience, sex, and place of work inside the hospital.

VI. Recommendations:

Based on the results, the study recommends the following:

Continually Educate and Train

- Plan refresher courses, workshops, and seminars that highlight the phases, significance, and practical applications of the nursing process.
- Include instruction on the nursing process in continuing professional development initiatives.

Exhibit Beneficial Results

- Provide case studies or actual instances when better patient outcomes were achieved through the nursing method.
- Engage nurses in audit and feedback sessions that emphasize the connection between high-quality treatment and appropriate application of the nursing process.

Boost Support from Leadership

- Urge managers and nurse leaders to demonstrate and support the application of the nursing process.
- Give seasoned nurses the chance to mentor less experienced employees.

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